

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>my</i>		9/1/00
O.I.P.E. CLASSIFIER	<i>RSD</i>		9/1/00
FORMALITY REVIEW	<i>NI</i>	875	10/12/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3-4-00
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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